

Case Number:	CM15-0030746		
Date Assigned:	02/24/2015	Date of Injury:	12/18/2010
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old female, who sustained an industrial injury on 12/18/2010. She has reported left elbow pain. The diagnoses have included left lateral epicondylitis and left radial tunnel. Treatment to date has included medications, splinting, left lateral epicondyle injection, physical therapy, and surgical intervention. Medications have included Hydrocodone and Omeprazole. Surgical intervention has included a left lateral epicondylar debridement with drilling, performed on 10/20/2014. An evaluation with a treating provider, dated 01/14/2015, documented the injured worker to report left elbow and forearm pain; and less pain while in cast, now stiff. The treating physician noted the injured worker to have left upper extremity sensation to light touch intact at all digital pulps; hand is pink, moist, and warm; incision is healed and strength is 4/5. The treatment plan includes physical therapy. Request is being made for a consultation with an orthopedic hand surgeon. On 01/28/2015 Utilization Review noncertified a Consult with orthopedic, hand surgeon. The CA MTUS, ACOEM was cited. On 02/10/2015, the injured worker submitted an application for IMR for review of Consult with orthopedic, hand surgeon. Documentation from 1/14/15 notes less pain in the cast but that the patient is stiff. The left elbow is non-tender and plans are for physical therapy. Documentation from 1/20/15 notes that the physician was deposed on this date and a recommendation was made for a second opinion due to persistent left elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Consult with orthopedic, hand surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Second Edition (2004), Chapter 6, pages 163 - 176.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The patient is a 38 year old who complains of left elbow pain. She have previously left lateral epicondylar debridement on 10/20/14. She has been noted to have undergone post-operative treatment including medical management, splinting/casting, activity restriction and beginning physical therapy. It is unclear the exact justification for a second opinion. The only documentation was that the patient had persistent pain, despite the patient undergoing anticipated physical therapy as part of conservative management. From ACOEM, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. As stated above, there has not been a clear justification for an additional consultation as the patient hasn't appeared to have completed expected conservative management following her previous surgery. Thus, additional consultation should not be considered medically necessary at this point.